

PAST PROCESS IMPROVEMENT PROJECT. Based on a comparison of the percentage of eligible clients who had a claims diagnosis of depression (0.5%) to CDC estimates for Oregon (approximately 9%), KEPRO was concerned that depression was under-diagnosed in the OHPCC population. Depression is associated with higher health care costs, increased hospital admissions, increased ER visits, decreased medical compliance, and increased suicide risk. KEPRO implemented a QIP to improve diagnosis of depression in the client population and increase appropriate interventions. KEPRO trained nursing staff and made procedural changes to increase awareness of depression through discussion, case reviews, and education. All assessed clients now receive the PHQ-2 questionnaire. KEPRO Care Managers administer the longer PHQ-9 for clients who respond positively. Clients with confirmed screens after the PHQ-9 receive intensive depression case management, including: medication compliance reviews; aid in making mental health appointments; arranging transportation to mental health appointments; and for inpatient clients, medication reconciliation and assurance of mental health follow up within 7 days of discharge. Care Managers enter scores for the PHQ-2 and PHQ-9 assessments into the data system to support queries, analysis, and daily monitoring of impactable conditions. We aggregate and analyze data related to depression quarter and presented it to the OHA.

Our increased efforts to identify these clients and intervene, demonstrated a significant increase in the percent of clients identified with depression. Measurements showed that KEPRO consistently identified 15% of assessed clients with depression during the QIP study period (7/1/13 to 12/31/14) and successfully engaged 36% of the identified individuals. The LQIC closed this study early as it felt KEPRO had made an impact and reached maximal information. The changes that resulted are now a part of our local operating procedures.